

JUN 26 2008

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FROM: SHERI ROBINSON

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COMPANY: USPTO

DATE: JUNE 25, 2008

FAX NUMBER: 571-273-8300

TOTAL NO. OF PAGES INCLUDING COVER: 3

PHONE NUMBER: 571-272-3282

RE REQUEST FOR WITHDRAWAL AS
ATTORNEY - FORM PTO/SB/83

US SERIAL #09/810,158

OUR REF.: WELL0017

☐ URGENT ☒ FOR REVIEW ☐ PLEASE COMMENT ☒ PLEASE REPLY ☐ PLEASE RECYCLE

Dear Sirs:

Attached for filing in the USPTO is a **REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS FORM (PTO/SB/83)** for the above-referenced application number.

Please confirm receipt via **FACSIMILE**.

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Doc Code: PET.OP

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Document Description: Petition for review by the Office of Petitions

PTO/SB/83 (04-08)

Approved for use through 12/31/2008. OMB 0661-0035
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

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**REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT
AND CHANGE OF
CORRESPONDENCE ADDRESS**

Application Number	09/810,158
Filing Date	March 16, 2001
First Named Inventor	Jerry Brett Earnest
Art Unit	2154
Examiner Name	CHANG, Jungwon
Attorney Docket Number	WELL0017

To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Please withdraw me as attorney or agent for the above identified patent application, and

- ☐ all the practitioners of record;
- ☐ the practitioners (with registration numbers) of record listed on the attached paper(s); or
- ☒ the practitioners of record associated with Customer Number:

NOTE: The immediately preceding box should only be marked when the practitioners were appointed using the listed Customer Number.

The reason(s) for this request are those described in 37 CFR :

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> 10.40(b)(1) | <input type="checkbox"/> 10.40(b)(2) | <input type="checkbox"/> 10.40(b)(3) | <input checked="" type="checkbox"/> 10.40(b)(4) |
| <input type="checkbox"/> 10.40(c)(1)(i) | <input type="checkbox"/> 10.40(c)(1)(ii) | <input type="checkbox"/> 10.40(c)(1)(iii) | <input type="checkbox"/> 10.40(c)(1)(iv) |
| <input type="checkbox"/> 10.40(c)(1)(v) | <input type="checkbox"/> 10.40(c)(1)(vi) | <input type="checkbox"/> 10.40(c)(2) | <input type="checkbox"/> 10.40(c)(3) |
| <input type="checkbox"/> 10.40(c)(4) | <input type="checkbox"/> 10.40(c)(5) | <input type="checkbox"/> 10.40(c)(6) Please explain below: | |

Certifications**Check each box below that is factually correct. WARNING: If a box is left unchecked, the request will likely not be approved.**

1. ☐ I/We have given reasonable notice to the client, prior to the expiration of the response period, that the practitioner(s) intend to withdraw from employment.
2. ☒ I/We have delivered to the client or a duly authorized representative of the client all papers and property (including funds) to which the client is entitled.
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Please provide an explanation, if necessary:

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[Page 1 of 2]

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Address 420 Montgomery Street

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Telephone Email

I am authorized to sign on behalf of myself and all withdrawing practitioners.

Signature



Name

Michael A. Glenn

Registration No. 30,176

Address Glenn Patent Group - 3475 Edison Way, Suite L

City Menlo Park State CA Zip 94025 Country USA

Date

6/24/8

Telephone No. 650-474-8400

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